FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V12209 (5)

1. Corporation Name

~~R. GITTINGS REAL ESTATE SERVICES, INC.~~

Gittings, Schwuth & Grunthal Real Estate Services, Inc

Principal Place of Business	Mailing Address
~~201 N. HOGAN STREET~~	~~201 N. HOGAN STREET~~
~~SUITE 100~~	~~SUITE 100~~
JACKSONVILLE FL 32202	JACKSONVILLE FL 32202
US	US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 12-14 E. Bay Street	26 12-14 E Bay Street
Suite, Apt. #, etc 22 Suite 301	Suite, Apt. #, etc 27 Suite 301
City & State 23 Jacksonville FL	City & State 28 Jacksonville FL
Zip 24 32202 Country 25 DUVAL	Zip 29 32202 Country 30 DUVAL

3. Date Incorporated or Qualified: 02/04/1992
3a. Date of Last Report: 06/29/1994
4. FEI Number: 59-3105851 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GITTINGS, ROBERT L JR.
201 N HOGAN ST.
STE 100
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 12-14 E. Bay Street
83 Suite 301
84 City Jacksonville FL 85 Zip Code 32202

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ (Signature, typed or printed name of registered agent and title if applicable) ______ (DATE) ______ Registered Agent signature required when reinstating ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	GITTINGS, ROBERT L., JR.	1.2 NAME	
STREET ADDRESS	201 N. HOGAN ST	1.3 STREET ADDRESS	12-14 E. Bay St, Suite 301
CITY ST ZIP	JACKSONVILLE FL	1.4 CITY ST ZIP	Jacksonville FL 32202
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	500001481205
STREET ADDRESS		2.3 STREET ADDRESS	-05/09/95--01110--001
CITY ST ZIP		2.4 CITY ST ZIP	****200.00 ****200.00
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	5/1/95 ust
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert L. Gittings Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013521 CP